

OBSTETRICS AND GYNECOLOGY IN TEXAS 1970 – 2005

by Dudley P. Baker, Wayne F. Baden, C. E. Gibbs and many others

Historical Dates:

1853	Texas Medical Association founded
1929-30	Texas Association of Obstetricians and Gynecologists (TAOG) founded
1930	American Board of Obstetrics and Gynecology founded, sanctions the union of Ob and Gyn into a single specialty
1933	TMA Section on Ob/Gyn (TMA SOG) founded
1951	American Academy of Obstetrics and Gynecology founded
1951	Districts and Sections of American Academy of Ob/Gyn formed
1955	American Academy changes name to American College of Ob/Gyn

Dr. John Delaney's important historical review of the Texas Association of Obstetricians and Gynecologists from 1929 – 1979 ("TAOG, the First 50 Years") describes the birth and the growth of the oldest women's health care organization in Texas. The Association began as an educational and social organization that expanded from 8 originators (1929) to 22 founding members (1930) to over 1,000 members in 2005. John Delaney's document is especially valuable to all members since the TAOG membership directories only go back to 1969 and Executive Council minutes to 1976. We are indebted to the many officers and Executive Committee members who have directed and coordinated many Ob-Gyn issues through seventy-six tumultuous years. Their successes have dramatically contributed to our professional practices, to our academic responsibilities and to the health care of Texas women and children.

In the early 1970s, Texas had three separate Ob/Gyn organizations: TAOG, TMA-SOG, and the Texas Section ACOG. Across the country, many state specialty societies disbanded when their national colleges/academies expanded their influence and resources into Districts and State Sections. Texas was fortunate in that many of its Ob/Gyn physicians had been active in leadership positions in all three Texas organizations and were aware of the common yet separate roles of each. TAOG members had always provided educational programs to the TMA and served as Ob/Gyn consultants on many state health care and political issues. Fellowship into the ACOG automatically grants membership into the Texas Section of District VII, ACOG and has provided valuable national resources to our Texas Ob/Gyn physicians.

In 1977, the Texas Section ACOG and TAOG initiated our joint annual educational meeting. Over the next fifteen years many cooperative activities and executive committee changes occurred to combine the two entities into one functional specialty society: one voice. TAOG and the Texas Section ACOG formed a liaison committee that included Dr. Wayne F. Baden, Dr. Charles Ed Gibbs and Dr. William F. McLean, who were serving as respective officers of the three entities. Dr. Garland Lang, Dr. William P. Devereaux and Mr. Linc Williston, Executive Director of the TMA, served as valued advisors. Dr. James H. Goodson returned as TAOG president in the critical 1978-1979 year to continue the unification of the 'three', and Dr. Dudley P. Baker completed the integration in the 1990-1993 when he served simultaneously as the President of TAOG and the Chair of the Texas Section. The TMA SOG was dissolved in 2002, and TMA Executive Director was quoted, "We truly believe relations between the Texas Section ACOG, TAOG and the TMA are as wholesome and productive as can be found throughout the country". Many Presidents of ACOG have attended and participated in the joint TAOG/Texas Section meetings and consistently praise Texas Ob/Gyn as the envy of all other Sections and Districts. The quality and attendance at the annual spring meetings consistently exceeds many other multi-state District meetings. One voice works!

Other important decisions that have led to the current status and stability of TAOG and Texas Section ACOG include use of consultants, formation of committees related to important issues, emphasis on

membership growth and budget management. A chronicle of dates and important events provides an interesting journey through the history of our society and health care in general. This chronological review, partly obtained through Delaney's historic review of minutes and personal conversations, unfortunately, cannot be all-inclusive. However, recognition of problems and crises, planning and intervention and important successes in the educational, social, legislative, and financial and growth endeavors are apparent.

Year		Meeting Place	Members	Dues
1929	Idea and plans for a Texas Ob/Gyn "society"	TMA-Brownsville	8 originators	
1930	Planning of 1 st Meeting of TAOG at TMA meeting in Mineral Wells, first meeting held in October	Galveston	22 founding members	
1931	First Dr. J. F. Y. Paine Address given by Fred Adair (Chicago) Decision to not meet simultaneously with TMA, but to meet in the fall. Exec. Council of nine established	Baylor Hospital, Dallas	23	
1932	Stringent membership rules established (80% Ob/Gyn practice, must attend meeting at least every 3 years, requirements same as most major med societies)	Rice Hotel, Houston	38	
1933	Membership expanded	San Antonio		
1934	A resolution was proposed to limit the fellows to maximum of 75	Galveston	56	
1935	Finances at that time were \$15.00 initiation fee, \$2.50 for certificate of membership, \$5.00 dues (members paid \$1.50 for their dinners)			\$5.00
1936	Award Paper established (\$50 prize) Resolution to work with TMA to develop plan for maternal healthcare. Constitution amended to increase number of fellows from 75 to 100. Dr. Jinkins, Fertility Clinic (Galveston), one of only 2 in country.	Adolphus Hotel, Dallas		
1937	Met in conjunction with Central Assn. Ob/Gyn. Established a reserve fund (postal savings, 2% dividend)	Parkland, Dallas		
1938	First dues increase			\$8.00
1939	3 more council positions added, Exec Council now 12 people, new Junior Fellow class added (young physicians in practice)			
1940	Expenses for board paid, Secretary to receive \$50 annually for work	Marlin		
1941-1942	Work on planned parenthood issues with TDH		94	
1946-1949	Established Military membership category, expanded members to 150 In 1945 the Award Paper begun in 1936 was renamed the C. R. Hannah Award. In 1948, twice a year board meetings were cancelled.		97 (27 in military)	\$10.00
1950	The Association promoted cytopathology in Texas			
1952-1954	Membership number limits dropped (Junior Fellow classification dropped) Calvin Hannah Lectureship established, C. R. Hannah Award became Willard Cooke Award (\$100)			\$15.00
1966-1969	TAOG working with TMA support (mailings, etc)		310	\$25.00
1971	Scientific program planning enhanced	Corpus Christi		\$30.00
1976	Proposal made for joint meeting of TAOG/TX Section ACOG	McAllen	436	
1977	First joint meeting of TAOG/Texas Section held and integration of TAOG/Texas Section and TMASOG, led to	Houston Oaks, Houston	447	\$50.00

	ACOG Wyeth Award for Drs. Baden and Gibbs			
1979	Chairs of the Texas medical schools to develop the programs for the scientific meetings; Texas Section contributes \$5,000 for joint meeting expenses	St. Anthony Hotel, San Antonio	402	
1980	Major by-laws revisions: Texas Section ACOG officers on Exec. Council, Junior and Life Fellow categories, deny exhibitors at meeting. First Pritchard Prize Award	Sheraton Marina, Corpus Christi	486	
1981	Kahler Green Oaks, Fort Worth			
1982	Westin Galleria, Houston			
1983	TAOG incorporated as non-profit org (501-C6) Meeting sites to rotate between medical schools at major cities (Dallas, Houston, Austin, San Antonio, Galveston)	Sheraton-Crest, Austin	540	
1984	Senior Resident Day proposed	Four Seasons, San Antonio	566	\$75
1985	Senior Resident Day cancelled (lack of interest); Legislative Alert Committee formed	Mandalay Four Seasons, Irving	578	
1986	Texas Civil Justice League supported, Sec-Treasurer to coordinate planning of meetings with local faculty; medical exhibitors again denied	Intercontinental, Houston	591	
1987	Worthington Hotel, Fort Worth			
1988	Interim Board meetings approved; medical product exhibitors at meetings approved	San Luis, Galveston		
1989	McGanity Lectureship established; Fall interim board meeting held in Austin; to be held in Austin each fall	Hyatt Regency, Austin	710	
1990	First McGanity Lecture given, Kaufman Lectureship approved	Palacio del Rio, San Antonio	733	
1991-1992	Ad hoc Legislative Committee formed, lobbyist discussed; utilize TMA lobbyist for now: first Kaufman Lectureship given.	Westin Galleria, Dallas	758	
1992	First discussions of combining TAOG/TX Section boards	Westin Galleria, Houston	762	
1993	Midwifery issues	Four Seasons, Austin	810	
1994	Primary Care designation and midwifery issues continue	Mansion del Rio, San Antonio	846	
1995	Primary care designation received for Ob/Gyns, Texas Section increases contribution to \$10,000 for meetings, lobbyist re-discussed but tabled for budget & by-laws reasons	Worthington, Fort Worth	887	
1996	Direct access issues, lobbyist and PR firm retained through special assessment of members	Tremont Hotel, Galveston	898	
1997	By laws revision to allow political activities; TAOG PAC and Texas Coalition for Women's Health formed, Texas Resident Research Day joined with annual program; Texas Section ACOG develops by-laws in line with TAOG with Jr. Fellow officers added ex officio to Board; dues increase approved to \$200	Four Seasons, Austin	839	
1998	Direct Access (SB-54) passed, TAOG instrumental; Baden-Gibbs Award established, TAOG Mission Statement developed; First RRD held with annual program; Legislative Committee expanded; TAOG Statement on Abortion developed	Westin Galleria, Dallas	844	\$200
1999	Inaugural Baden-Gibbs award presented (Drs. Gibbs and Baden); Budget shortfall (lobbyist and increased mtg. costs) necessitates registration fee set for meetings (\$250 nonmember, \$100 member, \$50 Life Fellows), TX Section	JW Marriott, Houston	921	

	increases support to \$20,000; Texas Section officers and JF officers added as voting members to TAOG Board.			
2000	Bylaws revisions to include 1999 decisions, ACOG members approved to join TAOG without sponsorship signatures	Omni Hotel, San Antonio	868	
2001	TMA Section Ob/Gyn dissolved, Teen pregnancy, sex ed and STD positions developed, ACOG grant rec'd for successful Direct Access bill (used for Texas Coalition newsletters)	Marriott Capital, Austin	990	
2002	TAOG/Texas Section website developed w/ teen pregnancy statement on website; Texas Section by-laws finalized to match TAOG and national ACOG (TAOG Board to serve as Texas Section Executive Committee), Liability crisis expanding/reviewed for action	Double Tree Post Oak, Houston	1080	
2003	Liability reform tackled (survey of all ob/gyns, joined efforts with TMA and TAPA); full time Executive Director for both TAOG and TX Section contracted	Moody Gardens, Galveston	1110	
2004	75 th Annual Meeting; Passage of HB4/Prop 12 with national attention; passage of fetal demise and prompt pay bills	Westin Galleria, Dallas	1004	
2005	National attention and recognition for the landmark liability reform efforts in Texas as national and other (23) state reforms are expanded/sought; Scope of practice issues	Marriott Capital, Austin		

Currently, the TAOG Executive Committee serves as the Executive Committee for the Texas Section ACOG. The officers of each, committee members and Junior Fellows (Ob/Gyn Residents) meet jointly, discuss and plan all issues and have equal voting privileges. Chairpersons from TMA and TDH committees that are involved with women's health are invited guests/ex officio members and report. Executive Committee membership has consistently rotated between physicians in private practice, those in academic medicine, and represents all areas of the state. The Executive Committee and invited guests represent a valuable blend of age, gender, ethnicity and varied interests. The TMA continues to support TAOG with membership database maintenance and dues collection. Educational programs are joint endeavors and the Texas Section ACOG has increased its financial support for the annual meeting from \$5,000 to \$20,000 over the years. Both state and national legislative, social and judicial decisions are continuously monitored. National issues are influenced through the ACOG and state issues through the TAOG. Since state and federal laws and rules and regulations often differ, the joint partnership can effectively speak with one voice and then legally act separately.

The annual scientific program has consistently provided updates for Texas Ob-Gyn physicians and nurses. Responsibility for the scientific program is rotated through our seven Texas medical schools. Attendance is consistently above 250 registrants and programs now include all general and subspecialty areas in Ob/Gyn, plus guest speakers from other medical subspecialties. A Texas-wide Resident Research Day now precedes the annual state meeting and has become an integral part of the scientific program. In addition, it affords our young residents in training the opportunity to attend the annual meeting and interact with future colleagues and talk to many practicing physicians from across the state, providing mentorship and future practice opportunities.

Membership has expanded from 22 physicians in 1930 to 588 active and 1,004 total members in 2004. As directed by membership preferences and attendance numbers, annual meetings are now rotated between Dallas, Houston, San Antonio, Austin and alternately selected cities that include Galveston, Fort Worth and others. Legislative and political issues that involve patient care and professional practice and academic medicine have led to creation of an active legislative committee, a hired lobbyist, association with the Texas Coalition of Women, use of a public relations firm, and bi-annual Executive Committee meetings, along with frequent conference calls. Important successes

include the Texas Civil Justice League (Texas Supreme Court) (1987), CLIA Act (1991), primary care designation of Ob/Gyn, HB54 (Direct Access) (1997) and Texas Constitutional liability reform (\$250K cap) (2003). The last two successes are considered landmark accomplishments and are currently influencing national reform. In 2001, a full time Executive Director was contracted to staff both offices of TAOG and Texas Section ACOG in order to continue to coordinate activities at both state and national levels and to increase communication between all state members and other health care partners.

Dr. Delaney completed his historical review commenting that the primary functions of the Association were to promote fellowship, provide continued education and to avoid, as much as possible, political overtones. Fellowship among our TAOG and ACOG members remains as one of the most enjoyable and valuable assets of our annual meetings. Sharing of information, problems and solutions has led to improved patient care and more efficient clinical practices. Academic curriculum for Ob/Gyn education has been revised. However, major changes in the health care system have dictated that physicians must become involved in legislative and social issues that have a direct effect on their patients and practices. Dr. Delaney also commented that one could only imagine the future, and he listed intriguing possibilities for the end of the 20th century. We can now look back and list some of the important changes that have affected Obstetrics and Gynecology and our Association: integration of physicians by ethnicity and gender, misdistribution of physicians, teenage pregnancy and spread of STDs, increased number of uninsured, insurance/ reimbursement issues, the liability crisis, alternative medicine, and an aging population. These problem areas continue and some of the more recent challenges include transparent practices, grading of outcomes by the public, electronic/digital practices, robotics, e-mail/internet consultation, patient research on the internet, elective primary c-sections, terrorism, global medicine, genetic engineering, stem cell research and clinical applications and the probability of some type of universal health care system responding to spiraling costs. The challenges are also opportunities and the TAOG mission statement and goals and strategies (authored by Dr. Dennis Factor, 1998, see page 22) emphasize the core values of our "society". The first core value is the interest of the patient first, and second, protection of the integrity of clinical practice and guarantee of excellence in education of our physicians.... both essential to assure core value number one.

This chronology is an update to the year 2005. The TAOG/Texas Section membership is encourage to complete the history of our "Ob/Gyn Society" by providing any and all relative historical information that remains unknown. Our Executive Director can then fill in the blanks of this review and then continue to chronicle important activities on an annual basis for the next 75 years.

NOTABLE QUOTES FROM PAST MINUTES:

1931: Article II of the original Constitution: "Object of the Association": "The object of this Association shall be the cultivation and promotion of knowledge in whatever relates to obstetrics and gynecology and such other matters as may become legitimately within its sphere."

1936: Dr. Calvin Hannah: "Our two Texas organizations, the State Medical Association of Texas and the Texas Association of Obstetricians and Gynecologists should work together in every way possible in developing a plan for maternal welfare work. First: To safeguard the life and health of the mother, especially by decreasing the number of infections following abortion and childbirth, and by the control of the toxemia. Second: The desirability of an increase in the number of fruitful pregnancies by decreasing the incidence of sterility, by reducing the number of abortions and premature births, and by attempting the prevention of still-births. Thirdly: The urgent need of more and better maternal care during the prenatal and postnatal periods, and fourthly, the concrete results in the improvement of conditions surrounding maternity and early infancy must depend largely on general application of existing knowledge and on further investigation of the many problems which contribute to morbidity and mortality of both mothers and infants. The efficiency and maternal service must be improved and in order to secure this improvement, students and physicians must be taught the fundamentals of obstetrics and how to conduct labor to combat the present day wave of unnecessary operative obstetrics. The Association must carry the responsibility of leading this program in the State of Texas."

1976: Quote from TMA's executive director concerning the overall value of the "One Voice" concept: "We truly believe relations between the Texas Section ACOG, TAOG and the TMA are as wholesome and productive as can be found anywhere throughout the country".

1991: Dr. Dudley Baker on expanding legislative/political arm of TAOG: "TAOG was initially formed as a forum for social interaction among the state's Ob/Gyn physicians...then developed into an excellent annual educational meeting. Because of the many political and economic changes that involve health care, especially maternal/child health, it is now important that a third arm of TAOG be involved in political activities. Since TAOG officers rotate yearly, and the executive committee every three years, it has proven to be difficult to maintain continuity regarding political events and actions. Additionally, our organization has been called upon to comment or take a position on many legislative issues and we currently do not have a forum to address these issues. We therefore recommended to form a legislative action committee to monitor political activities in Austin and Washington, make recommendations to the TAOG Board and interact with the Texas legislature, the TMA, etc. as directed. When the TAOG president is contacted for comments or decisions regarding legislative activities, he/she could quickly consult this committee for advice or study of issues..... We also need to look at our constitution and by-laws to see if this new political activity is consistent with what we are doing. I can envision this committee keeping us better informed on legislative activities, promoting maternal-child health, perhaps even recommending hiring an executive administrator or a lobbyist in the future."